

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000000279

FILED  
Mar 18, 2011  
Secretary of State

Entity Name: FRANK CLAYCOMB, C.P.A. - P.A.

**Current Principal Place of Business:**

471 SANDMORE SHORES DRIVE  
MARY ESTHER, FL 32569 US

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 488  
MARY ESTHER, FL 325690488 US

**New Mailing Address:**

FEI Number: 59-3613598

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CLAYCOMB, FRANK CPA  
471 SANDMORE SHORES DRIVE  
MARY ESTHER, FL 32569 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: CLAYCOMB, FRANK R JR.  
Address: 471 SANDMORE SHORES DRIVE  
City-St-Zip: MARY ESTHER, FL 32569 US

Title: DT  
Name: CLAYCOMB, JUNE F  
Address: 471 SANDMORE SHORES DRIVE  
City-St-Zip: MARY ESTHER, FL 32569 US

Title: SECY  
Name: PARKER, SHANNON E  
Address: 471 SANDMORE SHORES DRIVE  
City-St-Zip: MARY ESTHER, FL 32569 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: FRANK CLAYCOMB CPA

DP

03/18/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date